		FOR OHF USE					

LL1

2000
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2000)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0033498

Facility Name: Coventry Village

Address: 612 W. St. Mary's Road (Number) Sterling (City) 61081 (Zip Code)

County: Whiteside

Telephone Number: (815) 626-9020 **Fax #** (815) 626-6434

IDPA ID Number: 36-3549632-001

Date of Initial License for Current Owners: 3/27/89

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust	X	Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Mark A. Hull, CPA **Telephone Number:** (219) 239-7883

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/01/2000 to 12/31/2000 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)

(Type or Print Name) Harris F. Webber

(Title) General Partner

Paid Preparer

(Signed) _____ (Date)

(Print Name and Title) Scott E. Martin, CPA
Crowe Chizek & Co. LLP

(Firm Name & Address) 330 E. Jefferson Blvd. PO Box 7
South Bend, IN 46624

(Telephone) (219) 236-7637 Fax # (219) 239-7871

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Coventry Village # 0033498 Report Period Beginning: 1/01/2000 Ending: 12/31/2000

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	124	Skilled (SNF)	124	45,384	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	6	Sheltered Care (SC)	6	2,196	5
6		ICF/DD 16 or Less			6
7	130	TOTALS	130	47,580	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	21,327	20,195	2,682	44,204	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC		1,261		1,261	12
13	DD 16 OR LESS					13
14	TOTALS	21,327	21,456	2,682	45,465	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 95.55%

D. How many bed-hold days during this year were paid by Public Aid?
622 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] NO [ ]

I. On what date did you start providing long term care at this location?
Date started 3/27/89

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 18 and days of care provided 2,682

Medicare Intermediary AdminaStar Federal - Kentucky

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/00 Fiscal Year: 12/31/00

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Coventry Village # 0033498 **Report Period Beginning:** 1/01/2000 **Ending:** 12/31/2000

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	189,451	25,721	8,283	223,455		223,455		223,455			1
2	Food Purchase		250,278		250,278		250,278	(6,338)	243,940			2
3	Housekeeping	91,542	26,270	2,371	120,183		120,183		120,183			3
4	Laundry	53,760	25,198		78,958		78,958	(7,053)	71,905			4
5	Heat and Other Utilities			124,426	124,426		124,426		124,426			5
6	Maintenance	68,697	10,771	47,199	126,667		126,667		126,667			6
7	Other (specify):*											7
8	**TOTAL General Services**	403,450	338,238	182,279	923,967		923,967	(13,391)	910,576			8
	B. Health Care and Programs											
9	Medical Director			6,500	6,500		6,500		6,500			9
10	Nursing and Medical Records	1,423,768	95,244	409,743	1,928,755		1,928,755		1,928,755			10
10a	Therapy	164,485	3,587	5,656	173,728		173,728		173,728			10a
11	Activities	77,289	8,386	2,801	88,476		88,476		88,476			11
12	Social Services	72,494		829	73,323		73,323		73,323			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	1,738,036	107,217	425,529	2,270,782		2,270,782		2,270,782			16
	C. General Administration											
17	Administrative	81,077		332,999	414,076		414,076	(551)	413,525			17
18	Directors Fees											18
19	Professional Services			52,049	52,049		52,049		52,049			19
20	Dues, Fees, Subscriptions & Promotions			52,909	52,909		52,909	(37,922)	14,987			20
21	Clerical & General Office Expenses	63,706	24,113	68,385	156,204		156,204		156,204			21
22	Employee Benefits & Payroll Taxes			433,943	433,943		433,943		433,943			22
23	Inservice Training & Education			100	100		100		100			23
24	Travel and Seminar			12,644	12,644		12,644	(1,524)	11,120			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			69,825	69,825		69,825	(1,966)	67,859			26
27	Other (specify):*											27
28	**TOTAL General Administration**	144,783	24,113	1,022,854	1,191,750		1,191,750	(41,963)	1,149,787			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	2,286,269	469,568	1,630,662	4,386,499		4,386,499	(55,354)	4,331,145			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Coventry Village #0033498 Report Period Beginning: 1/01/2000 Ending: 12/31/2000

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			207,125	207,125		207,125		207,125			30
31	Amortization of Pre-Op. & Org.			3,539	3,539		3,539		3,539			31
32	Interest			401,541	401,541		401,541	(15,674)	385,867			32
33	Real Estate Taxes			88,525	88,525		88,525		88,525			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			11,095	11,095		11,095		11,095			35
36	Other (specify):*											36
37	**TOTAL Ownership**			711,825	711,825		711,825	(15,674)	696,151			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		52,151	3,001	55,152		55,152		55,152			39
40	Barber and Beauty Shops			23,735	23,735		23,735		23,735			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			67,704	67,704		67,704		67,704			42
43	Other (specify):* **Cottages**	94,666	3,201	262,744	360,611		360,611	(360,611)				43
44	**TOTAL Special Cost Centers**	94,666	55,352	357,184	507,202		507,202	(360,611)	146,591			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,380,935	524,920	2,699,671	5,605,526		5,605,526	(431,639)	5,173,887			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Coventry Village # 0033498 Report Period Beginning: 1/01/2000 Ending: 12/31/2000

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(6,338)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients	(7,053)	4		8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(15,674)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(15,000)	17		17
18	Fines and Penalties				18
19	Entertainment	(1,524)	24		19
20	Contributions				20
21	Owner or Key-Man Insurance	(1,966)	26		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(37,922)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule Cottage expenses	(360,611)	43		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (446,088)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	14,449	17	34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 14,449		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (431,639)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS

Coventry Village

ID# 0033498

Report Period Beginning: 1/01/2000

Ending: 12/31/2000

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49				49
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51				51
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57				57
58				58
59				59
60				60
61				61
62				62
63				63
64				64
65				65
66				66
67				67
68				68
69				69
70				70
71				71
72				72
73				73
74				74
75				75
76				76
77				77
78				78
79				79
80				80
81				81
82				82
83				83
84				84
85				85
86				86
87				87
88				88
89				89
90	Total	0		90

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Coventry Village # 0033498 **Report Period Beginning:** 1/01/2000 **Ending:** 12/31/2000

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(6,338)	0	0	0	0	0	0	0	0	0	0	(6,338)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	(7,053)	0	0	0	0	0	0	0	0	0	0	(7,053)	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(13,391)	0	0	0	0	0	0	0	0	0	0	(13,391)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	(551)	0	0	0	0	0	0	0	0	0	0	(551)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	(37,922)	0	0	0	0	0	0	0	0	0	0	(37,922)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(1,524)	0	0	0	0	0	0	0	0	0	0	(1,524)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	(1,966)	0	0	0	0	0	0	0	0	0	0	(1,966)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(41,963)	0	0	0	0	0	0	0	0	0	0	(41,963)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(55,354)	0	0	0	0	0	0	0	0	0	0	(55,354)	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number Coventry Village **#** 0033498 **Report Period Beginning:** 1/01/2000 **Ending:** 12/31/2000

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(15,674)	0	0	0	0	0	0	0	0	0	0	(15,674)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(15,674)	0	0	0	0	0	0	0	0	0	0	(15,674)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(71,028)	0	0	0	0	0	0	0	0	0	0	(71,028)	45

Facility Name & ID Number Coventry Village # 0033498 Report Period Beginning: 1/01/2000 Ending: 12/31/2000

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Sterling Morris Retirement Associates Ltd Partnership	100%	Walnut Grove Village	Morris, IL	Harris Webber, LTD	Northbrook, IL	R.E. Development

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V		Management Fees	$ 317,999	Harris Webber, LTD		$ 332,448	$ 14,449	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 317,999			$ 332,448	$ * 14,449	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Coventry Village # 0033498 Report Period Beginning: 1/01/2000 Ending: 12/31/2000

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
						Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**			
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
1	Harris F. Webber	General Partner	President	Genl Ptnr	66,903	14	34.98	Salary	$ 75,146	Line 17 Col 7	1
2	Myra A. Webber	Treasurer	Clerical Support	0%	4,797	7	34.98	Salary	5,388	Line 17 Col 7	2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 80,534		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Coventry Village # 0033498 Report Period Beginning: 1/01/2000 Ending: 2/31/2000

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Harris Webber, LTD
Street Address: 666 Dundee Road, Suite 930
City / State / Zip Code: Northbrook, IL 60062
Phone Number: ((847) 272 - 9686
Fax Number: ((847) 272 - 0524

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Heat & Other Utilities	Direct Cost	14,981,213	5	$ 6,894	$ 0	5,241,062	$ 2,412	1
2	6	Maintenance	Direct Cost	14,981,213	5	13,381	0	5,241,062	4,681	2
3	11	Activities	Direct Cost	14,981,213	5	1,853	0	5,241,062	648	3
4	17	Administrative	Direct Cost	14,981,213	5	683,920	683,920	5,241,062	239,264	4
5	19	Professional Services	Direct Cost	14,981,213	5	7,556	0	5,241,062	2,643	5
6	20	Fees, Subscriptions & Promotions	Direct Cost	14,981,213	5	5,298	0	5,241,062	1,853	6
7	21	Clerical & General Office Expens	Direct Cost	14,981,213	5	50,581	0	5,241,062	17,695	7
8	22	Employee Benefits & Payroll Taxe	Direct Cost	14,981,213	5	35,672	0	5,241,062	12,480	8
9	24	Travel & Seminar	Direct Cost	14,981,213	5	6,290	0	5,241,062	2,201	9
10	26	Insurance - Prop. Liab. Malpracti	Direct Cost	14,981,213	5	14,085	0	5,241,062	4,928	10
11	30	Depreciation	Direct Cost	14,981,213	5	42,334	0	5,241,062	14,810	11
12	32	Interest	Direct Cost	14,981,213	5	1,017	0	5,241,062	356	12
13	34	Rent - Facility & Grounds	Direct Cost	14,981,213	5	68,453	0	5,241,062	23,948	13
14	35	Rent - Equipment & Vehicles	Direct Cost	14,981,213	5	12,946	0	5,241,062	4,529	14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 950,280	$ 683,920		$ 332,448	25

Facility Name & ID Number Coventry Village # 0033498 Report Period Beginning: 1/01/2000 Ending: 12/31/2000

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	National City Bank		X	Mortgage	$14,130.50	11/07/87	$ 2,781,478	$ 1,889,300	12/01/08	8.75%	$ 189,173	1
2	National City Bank		X	Expansion Loan	$26,350.00	8/01/97	2,460,742	2,264,413	8/01/02	9.00%	212,368	2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related				$40,480.50		$ 5,242,220	$ 4,153,713			$ 401,541	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 5,242,220	$ 4,153,713			$ 401,541	15

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Coventry Village **#** 0033498 **Report Period Beginning:** 1/01/2000 **Ending:** 12/31/2000

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 1999 report.	$	17,900	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	17,900	2
3. Under or (over) accrual (line 2 minus line 1).	$		3
4. Real Estate Tax accrual used for 2000 report. (Detail and explain your calculation of this accrual on the lines below.)	$	88,525	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes used previously to calculate a payment rate. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For 19 Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	88,525	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1995	15,573	8
	1996	17,688	9
	1997	8,977	10
	1998	19,200	11
	1999	17,900	12

All costs related to the cottages are adjusted out of the cost report. Accrual assumes est 10% increase plus increased assessment due to completion of new resident rooms and therapy in mid-19997

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 1999	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

Facility Name & ID Number Coventry Village # 0033498 Report Period Beginning: 1/01/2000 Ending: 12/31/2000

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 49,746 B. General Construction Type: Exterior Brick Frame Wood Number of Stories One

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Nursing Home	95,000	1987	$ 59,079	1
2	Cottages		1987 & 1994	237,649	2
3	TOTALS	95,000		$ 296,728	3

Facility Name & ID Number Coventry Village # 0033498 Report Period Beginning: 1/01/2000 Ending: 12/31/2000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	94			1987	$ 2,092,159	$ 52,304	40	$ 52,304	$	$ 617,082	4
5	36			1997	2,264,443	56,611	40	56,611		193,651	5
6				2000	150,000	2,131	35	2,131	1/2 yr	2,131	6
7											7
8											8
	Improvement Type**										
9	Land Improvements			1989	179,998	12,000	15	12,000		140,710	9
10	Land Improvements			1990	4,960	331	15	331		3,473	10
11	Land Improvements			1991	13,522	1,231	15	1,231		11,694	11
12	Land Improvements			1992	895	60	15	60		508	12
13	Land Improvements			1993	3,878	259	15	259		2,383	13
14	Land Improvements			1994	12,806	854	15	854		5,029	14
15	Land Improvements			1995	1,165	78	15	78		429	15
16	Land Improvements			1997	564	38	15	38		133	16
17	Land Improvements			1998	2,011	134	15	134		335	17
18											18
19											19
20	Building Improvements			1992	5,706	306	15	306		2,581	20
21	Building Improvements			1993	3,541	181	15	181		1,356	21
22	Building Improvements			1994	12,322	647	15	647		4,205	22
23	Building Improvements			1995	33,652	2,548	15	2,548		13,352	23
24	Building Improvements - Heat Pump			1996	3,980	266	15	266		1,196	24
25	Building Improvements - Heat Pump			1997	5,580	347	15	347		1,250	25
26	Building Improvements - Floor Tile			1997	705	71	10	71		213	26
27	Building Improvements - Shower Room Improvements			1997	2,227	172	12.5	172		602	27
28	Building Improvements - Hallway Renovations			1998	21,813	1,454	15	1,454		3,636	28
29	Building Improvements - Painting			1998	10,886	726	15	726		1,815	29
30	Building Improvements - Heat Pump			1998	8,530	569	15	569		1,422	30
31	Building Improvements - Painting			1999	3,853	257	15	257		385	31
32	Building Improvements - Water Softener			1999	4,144	276		276		414	32
33	Building Improvements - Corrider Handrail Remodel			1999	29,791	1,986		1,986		2,979	33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$ 4,873,131	$ 135,837		$ 135,837	$	$ 1,012,964	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Coventry Village # 0033498 Report Period Beginning: 1/01/2000 Ending: 12/31/2000

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
37	Purchased in Prior Years	$ 1,065,115	$ 62,612	$ 62,612	$	9.5	$ 840,889	37
38	Current Year Purchases	35,154	1,758	1,758		10	1,758	38
39	Fully Depreciated Assets							39
40								40
41	TOTALS	$ 1,100,269	$ 64,370	$ 64,370	$		$ 842,647	41

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
42	Patient Transport	Van - 1994	1994	$ 48,424	$ 6,918	$ 6,918	$	7	$ 44,966	42
43										43
44										44
45										45
46	TOTALS			$ 48,424	$ 6,918	$ 6,918	$		$ 44,966	46

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
47	Total Historical Cost	(line 3,col.4 + line 36,col.4 + line 41,col.1 + line 46,col.4)	$ 6,318,552	47
48	Current Book Depreciation	(line 36,col.5 + line 41,col.2 + line 46,col.5)	$ 207,125	48
49	Straight Line Depreciation	(line 36,col.7 + line 41,col.3 + line 46,col.6)	$ 207,125	49 **
50	Adjustments	(line 36,col.8 + line 41,col.4 + line 46,col.7)	$	50
51	Accumulated Depreciation	(line 36,col.9 + line 41,col.6 + line 46,col.9)	$ 1,900,577	51

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
52	Cottages	$ 6,427,418	$ 146,501	$ 814,854	52
53	Cottages - Improvements	80,968	5,074	25,176	53
54	Cottages - FFE	123,692	11,537	88,934	54
55	Cottages - Land Improvements	425,036	27,044	141,859	55
56					56
57	TOTALS	$ 7,057,114	$ 190,156	$ 1,070,823	57

G. Construction-in-Progress

	Description	Cost	
58	CIP - Apartments	$ 2,034	58
59	CIP - Cottages	71,125	59
60			60
61		$ 73,159	61

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Coventry Village # 0033498 Report Period Beginning: 1/01/2000 Ending: 12/31/2000

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [ ] YES [ ] NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	N/A			$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: [ ] YES [ ] NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2001	$
13.	/2002	$
14.	/2003	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [X] YES [ ] NO

16. Rental Amount for movable equipment: $ 11,095 Description: See attached schedule
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Coventry Village # 0033498 Report Period Beginning: 1/01/2000 Ending: 12/31/2000

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$ None	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

Facility Name & ID Number Coventry Village # 0033498 Report Period Beginning: 1/01/2000 Ending: 12/31/2000

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service		Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist		1600	hrs	$ 40,294	17	$ 800	$	1,617	$ 41,094	1
2	Licensed Speech and Language Development Therapist		122	hrs	4,489				122	4,489	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist		5122	hrs	94,369	122	4,856		5,244	99,225	4
5	Physician Care			visits							5
6	Dental Care			visits							6
7	Work Related Program			hrs							7
8	Habilitation			hrs	25,333					25,333	8
9	Pharmacy			# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Exceptional Care Program										12
13	Other (specify):										13
14	TOTAL				$ 164,485	139	$ 5,656	$	6,983	$ 170,141	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Coventry Village # 0033498 **Report Period Beginning:** 1/01/2000 **Ending:** 12/31/2000

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2000 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 135,252	$	1
2	Cash-Patient Deposits	6,417		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 77,675)	631,208		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	64,541		6
7	Other Prepaid Expenses	580		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 837,998	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	296,728		13
14	Buildings, at Historical Cost	11,806,555		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,272,383		16
17	Accumulated Depreciation (book methods)	(2,971,400)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	72,979		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(72,979)		20
21	Restricted Funds			21
22	Other Long-Term Assets (spe CIP	73,159		22
23	Other(specify): Loan Fees Net	49,727		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 10,527,152	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 11,365,150	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 455,413	$	26
27	Officer's Accounts Payable	602,617		27
28	Accounts Payable-Patient Deposits	647,316		28
29	Short-Term Notes Payable	288,575		29
30	Accrued Salaries Payable	202,465		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	93,193		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 2,289,579	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	3,865,138		40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Cottage Deferred Income	6,307,449		43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 10,172,587	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 12,462,166	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (1,097,018)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 11,365,148	$	48

***(See instructions.)**

Facility Name & ID Number Coventry Village # 0033498 Report Period Beginning: 1/01/2000 Ending: 12/31/2000

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ (690,265)	1	
2	Restatements (describe):		2	
3			3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (690,265)	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(356,883)	7	
8	Aquisitions of Pooled Companies		8	
9	Proceeds from Sale of Stock		9	
10	Stock Options Exercised		10	
11	Contributions and Grants		11	
12	Expenditures for Specific Purposes		12	
13	Dividends Paid or Other Distributions to Owners	(49,870)	13	
14	Donated Property, Plant, and Equipment		14	
15	Other (describe)		15	
16	Other (describe)		16	
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (406,753)	17	
	B. Transfers (Itemize):			
18			18	
19			19	
20			20	
21			21	
22			22	
23	**TOTAL Transfers (sum of lines 18-22)**	$	23	
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ (1,097,018)	24	*

*** This must agree with page 17, line 47.**

Facility Name & ID Number Coventry Village # 0033498 Report Period Beginning: 1/01/2000 Ending: 12/31/2000

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 5,017,191	1
2	Discounts and Allowances for all Levels	(755,952)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 4,261,239	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	407,691	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 407,691	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	27,504	13
14	Non-Patient Meals	6,338	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	37,328	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	10,599	21
22	Laundry	7,053	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 88,822	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	15,674	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 15,674	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Cottages	471,364	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 471,364	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 5,244,790	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	923,967	31
32	Health Care	2,270,782	32
33	General Administration	1,191,750	33
	B. Capital Expense		
34	Ownership	711,825	34
	C. Ancillary Expense		
35	Special Cost Centers	439,498	35
36	Provider Participation Fee	67,704	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 5,605,526	40
41	**Income before Income Taxes (line 30 minus line 40)****	(360,736)	41
42	**Income Taxes**	3,853	42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (356,883)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? Yes If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Coventry Village # 0033498 Report Period Beginning: 1/01/2000 Ending: 12/31/2000

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,992	2,080	$ 46,917	$ 22.56	1
2	Assistant Director of Nursing	1,376	1,424	27,276	19.15	2
3	Registered Nurses	10,989	11,481	234,781	20.45	3
4	Licensed Practical Nurses	22,640	23,918	381,664	15.96	4
5	Nurse Aides & Orderlies	69,419	72,085	671,633	9.32	5
6	Nurse Aide Trainees	6,163	6,652	49,628	7.46	6
7	Licensed Therapist	5,105	5,421	139,152	25.67	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,896	1,992	23,075	11.58	9
10	Activity Assistants	6,184	6,648	54,214	8.15	10
11	Social Service Workers	3,936	4,160	72,494	17.43	11
12	Dietician					12
13	Food Service Supervisor	1,920	2,096	27,250	13.00	13
14	Head Cook	7,728	8,304	66,414	8.00	14
15	Cook Helpers/Assistants	14,506	15,314	95,787	6.25	15
16	Dishwashers					16
17	Maintenance Workers	6,406	6,926	68,697	9.92	17
18	Housekeepers	12,047	12,827	91,542	7.14	18
19	Laundry	7,159	7,330	53,760	7.33	19
20	Administrator	2,398	2,398	81,077	33.81	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	6,724	7,098	63,706	8.98	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	2,064	2,368	25,333	10.70	30
31	Medical Records	1,541	1,717	11,869	6.91	31
32	Other Health C: Cottages	9,110	9,692	94,666	9.77	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	201,303	211,931	$ 2,380,935 *	$ 11.23	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director		6,500	Ln 9 Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant	17	800	Ln 10a Col 3	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	122	4,856	Ln 10a Col 3	43
44	Activity Consultant	52	2,704	Ln 11 Col 3	44
45	Social Service Consultant				45
46	Other(specify) Barber/Beauty		24,735	Ln 40 Col 3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	191	$ 39,595		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	1,109	$ 44,159	Ln 10 Col 3	50
51	Licensed Practical Nurses	2,153	65,101	Ln 10 Col 3	51
52	Nurse Aides	20,872	300,184	Ln 10 Col 3	52
53	TOTAL (lines 50 - 52)	24,134	$ 409,444		53

Facility Name & ID Number Coventry Village # 0033498 Report Period Beginning: 1/01/2000 Ending: 12/31/2000

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Cathy Flanagan	Administrator	N/A	$ 58,331
Connie Short	Administrator	N/A	22,746
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 81,077

B. Administrative - Other

Description		Amount
Harris Webber Mgmt Services	Management Fee	$ 317,999
Harris F. Webber	Partnership Fee	7,500
Harris F. Webber	Guarantee Fee	7,500
TOTAL (agree to Schedule V, line 17, col. 3)		$ 332,999
(Attach a copy of any management service agreement)		

C. Professional Services

Vendor/Payee	Type	Amount
Wildman, Harrold, Allen & Dixon	Legal	$ 12,821
Ward, Murray, Pace & Johsnon	Legal	2,897
Rosenthal & Shanfield	Legal	3,706
Crowe Chizek & Company	Accounting	4,915
HWL	AIMS Support	8,839
ADP	Payroll Services	11,310
Misc Computer Services	Miscellaneous	7,561
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 52,049

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$
Unemployment Compensation Insurance	79,923
FICA Taxes	199,580
Employee Health Insurance	76,242
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Life Insurance	3,024
Employee Dental Insurance	16,373
401K Contributions	17,000
Other Employee Benefits	41,801
TOTAL (agree to Schedule V, line 22, col.8)	$ 433,943

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	3,486
Health Care Worker Background Check	
(Indicate # of checks performed)	
Dues & Subscriptions	11,501
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 14,987

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Nursing related in-state travel	7,579
Seminar Expense	3,541
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 11,120

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Coventry Village # 0033498 Report Period Beginning: 1/01/2000 Ending: 12/31/2000

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1997	FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
1	Repair Pipes	1994	$ 1,982	7	$ 283	$ 283	$ 283	$ 283	$ 142	$	$	$	$
2	Heating & Cooling	1994	9,110	7	1,301	1,301	1,301	1,301	651				
3	Interior Maint	1994	1,092	7	156	156	156	156	78				
4	Heating & Cooling	1995	2,638	5	528	528	528	528	0				
5	Interior Maint	1995	1,376	5	275	275	275	275	0				
6	Make-up Air System	2/96	1,452	5	290	290	290	290	50				
7	No 1997 Additions												
8	No 1998 Additions												
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$ 17,650		$ 2,833	$ 2,833	$ 2,833	$ 2,833	$ 921	$	$	$	$

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **No**
If YES, give association name and amount.

(3) Did the nursing home make political contributions or payments to a political action organization? **No** If YES, have these costs been properly adjusted out of the cost report?

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10 years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **20,858** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **67,704**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **NO** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **None** Has any meal income been offset against related costs? Indicate the amount. $

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **5%**
d. Have vehicle usage logs been maintained? **N/A**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **Crowe Chizek & Co. LLP** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **No** If no, please explain. **Audit not complete as of filing date**

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.